### Application Data Sh t

#### **Application Information**

Application number::

Filing Date:: February 6, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form

(CRF)?::

Number of copies CRF::

Title:: Bottle System Useful For Storing And Mixing Materials

Attorney Docket Number:: FRU600/4-003US

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: Figure 1

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?::

#### **Applicant Information**

Applicant Authority Type:: Inventor

**Primary Citizenship** 

Country:: US

Status:: Full Capacity

Given Name:: Kathy

Middle Name::

Family Name:: McCurry

Name Suffix::

City of Residence:: Dallas

State or Province of Residence:: Texas

Country of Residence:: US

Street of mailing address:: 1623 Main Street # 306

City of mailing address:: Dallas

State or Province of

mailing address:: Texas

Country of mailing

address:: US

Postal or Zip Code of mailing address:: 75201

Applicant Authority Type:: Inventor

**Primary Citizenship** 

Country:: US

Status:: Full Capacity

Given Name:: Saber

Middle Name::

Family Name:: Thaxton

Name Suffix::

City of Residence:: Dallas

State or Province of Residence:: Texas

Country of Residence:: US

Street of mailing address:: 819 Valencia

City of mailing address:: Dallas

State or Province of

mailing address:: Texas

Country of mailing address:: US

Postal or Zip Code of

mailing address:: 75223

### **Correspondence Information**

Correspondence Customer

Number:: 22892

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing

address::

Phone number:: 713-758-2572

Fax Number:: 713-615-5427

E-Mail address:: ccravey@velaw.com

# **Representative Information**

Representative Customer	22892	
Number::		

-OR-

Representative Designation::	Registration Number::	Representative Name::
Primary or Associate		

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/446,382	02/10/03